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LEPROSY IN NEW BRUNSWICK.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I proceed to give you the particulars of the leprosy cases at Tracady, New Brunswick. Those of your readers who have taken the trouble to peruse my former articles, will be surprised to find the diagnostics nearly identical with those described by your highly interesting Damascus correspondent. A question, then, will arise, which I trust may attract the notice of the American faculty—How came this terrible disease to break out in Tracady, an obscure corner of a remote coast, without foreign trade, entirely beyond the reach of those agents by which infectious or contagious diseases are supposed to be propagated?

Boston, March 17, 1852. OMEGA.

CASE III.—Israel Robisheau, aged 25; not married; has been diseased eight years; experienced no premonitory symptoms, or does not remember having had them. The disease first appeared in yellow spots upon the skin, which, in the course of three years from their first appearance, were succeeded by tuberculous lumps upon the face. The inside of his mouth has been diseased three years; his ears are enlarged, discolored, and very tuberculous; his feet are swollen, and the soles of them flattened and tuberculous; he feels some pain in swallowing, and his nose discharges an irritating fluid. His constitutional symptoms are apparently good, the same as they were before the eruption, with the exception that his voice has been weakened for a year and a half, and his senses of taste and smell are somewhat impaired. Ulcerations have recently taken place; his hair has fallen off eyebrows, breast and axilla. He is the son of Francis Robisheau, who married Mary Savoy; his brother Tronquille died of the disease; and his brothers Oliver and Isaiah, and his sister Margaret Sonier, are still suffering under it; he is a cousin to Peter. His father died at an advanced age, without any symptoms of this disease. He (Israel) lived with Francis Robisheau, who married Edith Sonier. They were married seven years, and had two children, one of whom died of the disease; the other is still living, 11 years old, and free from it. Edith Sonier died of the disease, and Francis Robisheau, her husband, married again; he himself is not diseased, but his brothers and sisters are affected.

CASE IV.—Oliver Robisheau, aged 27; not married; diseased six

years; discolored spots first upon his arms, legs, face and nose; chin much swollen; throat sore; nails diseased. Spots in the course of a year became tuberculous, and these tubercles became ulcerated about two years ago. He feels some soreness within the thorax, and experiences pain in the stomach after eating. Appetite impaired; senses of smell, sight, taste and hearing are not injured; general symptoms resemble those of his brother Israel. His nephew, Francis Robisheau, died of the disease. He is the son of Francis Robisheau.

Case V.—Barnaby, called also Bernard Savoy, aged 11; diseased five years; spots followed by tubercles; appeared first on the face, and afterwards on arms and legs; face and hands much swollen and puffy; tubercles commenced ulcerating three years ago; ears much enlarged and tuberculous; palms of hands and soles of feet swollen and tuberculous; shins covered with tubercles. He is the son of Viola Savoy. His father is a strong and apparently healthy man; two of his brothers are diseased; his mother was Frances Laundry, who died of the disease; his father lived with his mother twenty-three years, including ten years during which she was diseased, and he has never manifested any symptoms of it himself. Two of his brothers are diseased; they live in his father's family, and generally keep secreted. Two of his mother's sisters died of the disease; their names Ursele and Isabella; they had children, but these never manifested the disease, but one of Ursule's grand children, Mary Julian Gotreau, died of it. Ursule married Joseph Benoit, and had five children; her son married Margaret Gotreau, mother of Mary Julian.

Case VI.—Margaret Sonier, aged 34; married; eight years ago was confined in childbed, and in fourteen days after the birth of her infant she exposed herself to cold and fatigue. She fell upon the ice at this time, and hurt her hands and knees, which were soon afterwards afflicted with soreness and cramp. She attributed this to cold which she thought she had taken, and procured some ointment to rub on them to allay the pain. Her hands felt cold and weak. Soon after she fell upon the ice, her hands and feet began to swell, and in the course of a fortnight afterwards spots made their appearance upon them; the spots came out very soon after the application of the ointment. She has some small round tubercles on the cheeks, nose and forehead; the palms of the hands are ulcerated, puffed, and the sores on them are dark colored. The hair is still attached. Her fingers are contracted, and she has lost the terminal phalanges of them; the contraction, modified by the swollen palm, gives the peculiar appearance already noticed in Peter Robisheau's case; this contraction is not a regular curve of the fingers and palm; the palm is tuberculous, and the fingers at first were very painful, but they are free from pain at present; the sensation in the hand is very much impaired, and almost entirely lost in the fingers. Her lower eyelids are everted, and give a peculiarly disagreeable expression to the eye; the sclerotic coat is injected, and the tears fall over the eyelid. The ears and nose are free from any morbid appearances. Her tongue is covered with a light-brown coating. The catamenia are regular. Appetite good; senses unimpaired; skin but very slightly affected, and the

sensation in it generally is good. She sleeps well; she complains of some weakness upon the thorax externally; her feet appear tolerably sound. Her disease seems stationary, and she is now much as she has been for eight years past. The secretion of milk was not diminished when she nursed her first child, but it was very small with the last. She and some others of the afflicted had an attack of erysipelas, which was followed in those affected with a mitigation of the general symptoms, and a removal of some of the tubercles. She nursed her last child during a year; it is free from the disease. She is the daughter of Francis Robisheau, and sister of Oliver, Israel and Tronquille. She has five children; two of them were born before she had any symptoms of disease, one at the time of her accident already noticed, and two since the disease broke out upon her. All of her children are well. She never had any communication with a diseased person, from whom she could have contracted the disease.

Case VII.—Julian Ferguson, aged 38; married; has been diseased four years; she felt the approach of the disease soon after her confinement in childbed, and in the course of six weeks from that period the eruption began to show itself. Her lower eyelids are everted like Margaret Sonier's; her forehead marked with furrows deeper than those in healthy persons, but the skin is not tuberculous. There is a slight expansion of the nostrils, but no swelling of the lips or cheeks; the secretions of tears fall over the cheek. The hands have been severely diseased; she has lost the ends of the fingers; her knuckles are still sore, and her nails are diseased; fingers contracted, but free from pain. Color of the skin very slightly affected; in many parts of her body it retains a natural whiteness; her hair has not fallen off, even from the arms where the disease was most severe. She had an attack of erysipelas two years ago, which was followed by an improvement in her feelings. She has two dark-colored, scabby sores on the outside of each knee. Her catamenia are regular; her strength is not impaired; her general functions are good; her mouth not diseased, and her lips have a natural redness. She was troubled with a copious secretion of tears falling over her cheeks, previous to the accession of any symptom of disease. Her countenance is natural, excepting the expression produced by the falling and eversion of the lower lid. She complains of rigidity in using the hands. She manifests but few symptoms of the disease; her fingers resemble those of other patients who present unequivocal marks of the disease. She is the daughter of Charlotte Gotreau, who was a Comeau, through whose families she is a descendant from the Robisheaus. She has had seven children, none of whom have ever been diseased. Two of her children are dead, but not of this disease.

Case VIII.—Mary Savoy, aged 40; married; ten years diseased. Spots commenced on her knees and elbows, and afterwards on the face, nose, ears, and internal parts of the mouth. Her voice is very much affected, and reduced to a low whisper; the roof of the mouth is studded with tubercles; the face and lips are swollen, puffy and discolored, and of a dirty-yellow hue; ears slightly diseased and thickened, the

nostrils much dilated; the face, and particularly the nose, are tuberculous. Ulceration has commenced in the tubercles, and in some of the spots which do not manifest a tuberculous character. Her breathing is long, laborious and oppressed; her appetite is good, but her sleep is disturbed. There are sores upon the outer parts of the hands and ends of fingers; there are some tubercles on the arms, and the nails on the fingers and toes are diseased. The hair has fallen from her eyebrows, but not from her head. She is the daughter of Joseph Robisheau and Fidelle Savoy. Has had five children; two of them are dead; no appearance of the disease upon any of them.

[To be continued.]

PIORRY ON PLEXIMETRY AND AUSCULTATION.

TRANSLATED FROM THE FRENCH BY M. M. RODGERS, M.D., ROCHESTER, N. Y.

[Continued from page 99.]

The study of diseased organs, at my cliniques at "La Charité," is not after the manner of considering disease as a unity. The fifty beds assigned to me, are divided into sections, and attended by students who are willing to be interrogated. I desire each one to search with the greatest care, both by physical signs and rational symptoms, for the pathological states—their causes, their successions, relations, connections and coincidences; he writes what he has discovered, and then deduces the therapeutical indications from his investigations. Each patient has a card on which all the anatomical conditions are stated, together with all the changes which take place each day; the diminution, cessation or appearance of symptoms, &c. The words typhoid fever, gout, rheumatism, &c. are never used, but only their synonyms; for we meet too often with organopathic states and changes to admit of their being considered as unities, capable of classification in any nomenclature whatever. In a word, it is a *sick man* which we see, which we study, and analyze by investigation, anatomical, physiological, physical and diagnostic; it is a man in whom we search for the causes, consequences and remedy of disease; it is not a mere abstraction, a name, which we seek to establish.

Of the Stethoscope and Pleximeter.—When auscultation was first practised, I used the tube of Laennec, which was a voluminous cylinder of wood. After many experiments and modifications, I fashioned, with my knife, the stethoscope actually now in use—which is falsely attributed to various other physicians, and especially to M. Louis. My stethoscope was terminated by a plate of ivory, intended to serve as a pleximeter; but I have entirely renounced this instrument: it is very difficult to apply, so as to adapt it to the parts perfectly; and besides, percussion made simultaneously with auscultation, injures the effect of both, and gives incorrect results.

When I first commenced percussion, I used the finger (as do most foreign physicians) as a medium of percussion. But finding it insufficient, I resorted to the pleximeter. [It is but just to say, that in Paris,

the great auscultators, Louis, Andral, Bouillaud, Briquet, Chomel, Rostan, Paul Dubois and others, use the finger as a medium; the same is true of the German, Dutch and English physicians, so far as I have observed. For, although the pleximeter has some advantages, it is used in the hospitals mostly by students only.—*Trans.*]

Mallets of small size, of various forms and substances, have been used as instruments of percussion instead of the finger; but although they produce much sound, they so modify it as to lead to incorrect results, and have been renounced in favor of the finger.

It has been suggested in America, to have two persons engaged in an examination at the same time; one to percuss, while the other auscults a part. But no practical benefits have yet been proved to arise from this mode of procedure.

After many experiments and much practice, I have found ivory to be the best substance for a pleximeter. I give it the following dimensions, viz.—length, 2¼ inches; breadth, 1½ inches in the middle; thickness, 3-16 of an inch; of lozenge shape, with auricles or ears on the ends, forming an elevated rim, to serve as handles to hold it by in order to fix it firmly to the parts. It may be divided into degrees, forming a scale upon its upper edge. This scale serves to measure the extent of the organs with more exactness.

In order to measure the exact extent of an organ by this mode of exploration, we must place the edge of the pleximeter precisely on the point where we find the limit of the organ; then percuss very attentively, this point, in order to have it well established; then move the instrument along in the direction of the border of the organ, and percuss again, and thus follow it through its whole extent. In proceeding thus, and repeating the experiments, one may come to be able to circumscribe any part with the greatest precision. This mode is of extreme importance, and above all, when it relates to the examination of the spleen.

In exploring the anterior part of the chest, it is indispensable to percuss successively corresponding points on opposite sides; first lightly, and then more forcibly, in order to compare their relative conditions.

CASE OF DISTOMA HEPATICUM, OR LIVER WORM.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—I send you a statement of a case of distoma hepaticum, or the fluke or liver worm, which has been successfully treated by me. I forward a few of them to you for your inspection and that of your medical friends.

The patient is a colored woman, aged 24 years, a domestic in the City Hotel, Williamsburg, Long Island. She has been afflicted for many years with the liver complaint, and has been under medical treatment for that disease for a long time. She has been under mercurial salivation several times. She has also been under the treatment of physicians for hepatic dropsy, and has been tapped several times. The physician under whose care she was, previous to my attendance on her,

suspecting the existence of worms, after trying the usual remedies in such cases, without success, recommended her to apply to me. I was called to see her during the month of February last. I found her attending to her ordinary domestic duties, though she had slight fever, pulse about 56, the tongue coated, breath offensive, nausea and poor appetite, bowels constipated, urine small in quantity and high colored. She complained of a steady dull pain in the right side, with occasional darting pains in the shoulder; she also complained of a tumor about the size of an egg in the pit of the stomach; her abdomen was considerably swollen, and by auscultating it from side to side it gave evidence of containing water. Her face and lower extremities were œdematous. Her sleep was much disturbed, caused by darting pains in her intestines, and shortness of breath on lying down. As I considered this a clear case of either tinea or distoma hepaticum, or both, as described in the Cyclopædia of Practical Medicine, Vol. IV., page 719, I gave her the empyreumatic oil, as published by me in the same work, Vol. IV., page 743. She took two teaspoonsful mixed in molasses, morning and evening, and drank freely of barley water. After taking six doses, I administered to her R. Mistura nigra, ʒ iv., and a glyster R. Aqua calcis, ʒ xvj.; tr. ferri muriat., ʒ iij. M. For two hours after each dose of the oil, she suffered severely from headache and distress in the intestines. The medicine and injection commenced operating freely in about three hours. The first evacuation was very large, and composed of the enema, the ordinary fæces, and a quantity of mucous matter similar to that which usually passes when the tinea has been decomposed. The mucus was filled with some hundreds of the flukes, such as I send you. Every subsequent passage for the next two days was of the same character, but less in quantity. She now commenced taking the oil, which had been suspended, but after taking two or three doses she refused to take any more, on account of its making her sick, and because she did not like the taste. I gave her—R. Sup. tart. potassæ, ϑ ij.; pulv. jalap, gr. xx. This operated freely, but brought away no more worms. Through the persuasion of her mistress she was induced to resume the oil, and she finished the bottle. During this time the dropsy was rapidly accumulating; and in order to expel from her whatever worms might still remain in her intestines, and in order to clear her of the empyreumatic oil before treating her for the dropsy, I gave her a large dose of salts, senna and manna. This operated with great severity, and brought away an incredible quantity of mucous matter, and three or four more flukes at the expiration of forty-eight hours after this evacuation. At subsequent ones her kidneys began to act freely, and by the end of twenty-four hours more not a vestige of the dropsy remained. Having a slight pain in the side remaining, I deemed it proper to act on the liver slightly, and prescribed—R. Ext. taraxic., ʒ ij.; ext. graminis, ʒ ij.; aqua, ʒ vj.; bicarb. soda, ʒ ss. M. A tablespoonful to be taken every four hours. She is now attending to her domestic duties, and apparently well in every respect.

Yours respectfully,

431 *Grand st., New York, March,* 1852. J. X. Chabert, M.D.

PROSECUTION FOR MALPRACTICE.

BY WALTER H. MANNING.

[Communicated for the Boston Medical and Surgical Journal.]

In the Boston Medical and Surgical Journal of May 23, 1849, a trial before the Supreme Court, for malpractice, was noticed. It was a suit commenced by Francis Conant, of Stow, against Dr. Peter Manning, of Lunenburg, for alleged want of skill and care in the reduction and cure of a dislocation of the plaintiff's thigh. This case was first tried at the April term, 1849, and resulted in a verdict of $562,50 against Dr. Manning, and a motion was made to set aside the verdict as against evidence. In January, 1850, the evidence having been reported, and the question fully argued before the whole Court, the verdict was set aside, and a new trial ordered, it having been the unanimous opinion of the Court that it was manifestly against the evidence.

At the April term, 1850, the case was again tried, and with a result still more extraordinary. The Jury found a verdict of $100,00!! against Dr. Manning. The evidence was substantially the same as on the former trial. A fact appeared, however, on this trial, which was somewhat remarkable, and had not been disclosed before. After Conant had left Lunenburg and returned home, finding himself still lame, and being advised, he applied for aid at the Massachusetts General Hospital. At this time the dislocated limb was found to be shorter than the other, and the foot turned in, and could not be rotated outward. Pulleys were applied for the purpose of reduction, and although the difference in the length of the limbs continued, great improvement was experienced in the outward rotary motion of the limb, and upon careful examination it was found that the neck of the bone was broken, and the head reposing in the ischiatic notch—the fortunate effect of the force applied at the Hospital, although not anticipated at the time. Again Dr. Manning moved to have the evidence reported to the whole Court, in order to obtain a new trial, and the motion was granted.

The motion was granted in January, 1851, and at the last October term the Court set aside the verdict, and ordered a new trial, upon the ground that there was no evidence upon which a jury could reasonably find a verdict against Dr. Manning. A proposition was then made to dismiss the action, which was acceded to, and the suit was abandoned. (J. G. Abbott for the plaintiff; G. F. Farley and C. B. Fletcher for the defendant.)

A suit had been commenced in the County of Worcester, by Dr. Manning, against Conant for his bill for services for medical and surgical treatment, and although the doctor had been threatened in that suit with the defence of malpractice, at last December term the defendant was defaulted and has paid the execution.

The result of the whole matter is, that Dr. Manning, who was guilty of no fault, but who manifested a degree of skill highly creditable to any surgeon, as is clearly proved by the subjoined certificate, has been

harassed and perplexed with a lawsuit, as unjust and unfounded as it has been vexatious and expensive.

March, 1852.

Below is a copy of a certificate of Dr. Warren and others.

Boston, June 26, 1848.

The undersigned having been called, in their official duty, as surgeons of the Massachusetts General Hospital, to examine the case of Mr. Francis Conant, of Acton, who some months since received severe injuries from being run over by a loaded sled, and having heard his account of the accident with the subsequent treatment, and having also heard the history of the treatment from Dr. Manning himself, are of opinion that the injuries experienced by Mr. Conant were of a severe nature, and endangered his life; that owing to the skill and attention of Dr. Manning, under Providence, his life was preserved, and his fractured jaw happily restored; that the imperfect restoration of his hip may be attributed, so far as we can judge from the information received as above, to the peculiar nature of the accident, and not to any want of attention on the part of Dr. Manning. We can also add that the conversation we have had with Dr. Manning, and the questions we have asked him, lead us to believe that few practitioners in the country are better qualified than he is, by their good judgment and experience, for the practice of medicine and surgery.

Signed, JOHN C. WARREN, J. MASON WARREN,
GEO. HAYWARD, S. PARKMAN,
S. D. TOWNSEND, HENRY J. BIGELOW.

Note.—The result of a motion for a new trial was noticed in the Journal, Vol. XLI., page 79.

ON THE PRESENT STATE OF MEDICAL EVIDENCE.

A Lecture delivered before the Royal College of Physicians, Edinburgh, on 10th March, 1851. By ROBERT CHRISTISON, M.D., Prof. of Mat. Med. in the University of Edinburgh.

MR. PRESIDENT AND GENTLEMEN,—The subject which I propose to bring before you this evening is one which some time ago engaged my earnest attention, soon after I was appointed Professor of Medical Jurisprudence in our University.

At that period—more than five-and-twenty years ago—an acquaintance with medical jurisprudence was confined in my own profession to a few studious amateurs. And, if the necessities of practice involved a more frequent knowledge of it among lawyers, that knowledge nevertheless could not be very deep or very sound, so long as it was necessarily derived in a great measure from the medical sciences, which at that time were not specially studied in their medico-legal relations by their own proper followers.

Hence in this department of law the principles of action were vague, and the practice of courts fluctuating. Medical evidence was usually

loose and inconclusive, or rash and contradictory, limited in its range, and held in low esteem. And what else could be expected, when the physician or surgeon, in his novel position of medical witness, did not discover till too late that an important branch of medicine had been left out in his education; and the lawyer that, instead of having simple matters of fact to deal with in his examination, he was unexpectedly plunged in the depths of sciences unknown to him?

The first step taken towards an improvement of these things, was the admission of medical jurisprudence in 1825 into the curriculum of medical study in our own University. The professorship had existed for eighteen years, but languished under great discouragements. At last the subject was partially recognized in Edinburgh as a branch of the graduate's education in the autumn of 1825. In 1830 a thorough recognition in the regulations of the Royal College of Surgeons of Edinburgh placed it on a par with the other branches of professional study for surgeons. In 1833 the example of that College was followed by the Senatus Academicus of the University; and other boards of medical education in the three divisions of the empire also concurred in the same measure at a later date. A professorship of medical jurisprudence, too, was founded at Glasgow and in the University-Colleges of London, a lectureship in each of the universities of Aberdeen, and others in the London hospital schools, as well as in the University and Royal College of Surgeons of Dublin. Thus everything which could be done by the patrons of education in the way of encouragement has been at last, although somewhat tardily, accomplished.

Another important element of progress was, that about the commencement of the same period, medico-legal inquiries, for the first time in this country, began to be frequently chosen as the subject of express original research and practical observation. The present sketch is not the place for a history of medical jurisprudence, otherwise many familiar names might be noticed in connection with these researches. But I hope that, without incurring the charge either of egotism, or a neglect of others, it may be allowed me to refer briefly to my own endeavors; because, unless this be done, it may be difficult to find favor for the views which will be submitted by-and-by for your consideration.

On my appointment as professor of medical jurisprudence in 1822, it was natural for me to feel sensibly its low estate, and my duty to raise it if I could. For this end it was desirable to choose a particular branch only of a subject so comprehensive as to extend both its roots and ramifications into all the other medical sciences. My choice fell upon toxicology—in itself indeed no narrow field, but one almost untrodden by British cultivators, yet at the same time more full, perhaps, of varied interest than any other, better fitted at all events to attract general notice, and also more likely to yield good fruits in the hands of a young laborer.

Fortunately, at the same time, a wise innovation—for which, as for many more important improvements, our criminal law is indebted to the late Sir William Rae, when Lord Advocate—placed the professor of medical jurisprudence in direct contact with the practice of his science,

and taught him to preserve a practical bearing alike in his lectures and in hisl private inquiries. The professorship had at this period existed for nearly twenty years; yet, though founded by the Crown, its occupants had seldom or never been consulted by the Crown officers in medico-legal questions. On the contrary, when any of them appeared in the arena of a law court, his weight was thrown into the opposite scale, and so far as may be judged of from hearsay, rather to the obstruction of justice than the discovery of truth. Sir William Rae, perceiving, probably, the evils of this arrangement, and the growing influence of medical jurisprudence, consulted its professor on all important criminal cases, especially in questions of poisoning, and made him a witness when such testimony seemed advisable.

The consequences to the practice of our criminal courts, resulting from all these changes, were soon apparent through every branch of medico-legal science; but in none so manifestly as in the most difficult department of all, that of toxicology. In trials for poisoning prior to this time, the proof of the fact of death by poison was looked forward to by the public prosecutor with more anxiety and distrust than any other part of his case, and by the opposite council as the most promising outlet for the prisoner's escape. But a total change gradually took place in this respect; and at length, after a hard forensic conflict in 1827, on the occasion of the trial of Mrs. Smith for murder by poison —when the medical evidence, based on the most modern improvements in medico-legal analysis, was vainly assailed by all the skill of the most eminent pleaders of the Scotch bar, with the aid of able and zealous medical advisers and medical witnesses—the fact of death by poison became an article of proof on which the crown lawyers could confidently rely in every case which they judged fit to send to trial; and it is now no uncommon thing for the prisoner's counsel to admit that part of the case altogether, and to look in quite another direction for the chance of a successful defence.

The conclusion I would venture to draw from this brief narrative, and my reason for placing it before you, is, that such an advancement having been attained in the most difficult department of medical jurisprudence, there seems no reason why every other should not be placed in the same favorable position, if similarly cultivated and similarly fostered. It may seem surprising, indeed, that this object has not been already accomplished; but an untoward occurrence, which I would willingly here evade, if it were possible, soon afterwards put a stop to all further progress, by undermining the confidence of law courts in medical evidence.

The general cultivation of medical jurisprudence naturally inspired medical men, when they had now to appear as witnesses, with a reliance on themselves which they had been very far from feeling during their previous imperfect acquaintance with the subject. Instead of shunning criminal and civil trials as formerly, many now rather courted the notoriety of the witness-box. Some even carried their liking so far that, if not consulted on one side of a case, they had no objections to be consulted on the other—thus attempting to engraft the part of counsel

opon that of witness. The example of medical controversy on the occasion of the trial of Mrs. Smith seemed to engender an epidemic contentiousness in the profession, and this at a time when, by an unlucky coincidence, medical polemics were in the ascendant in this city. Hence it was apparently enough that certain parties were cited on one side of a civil or criminal trial, for certain others to appear, by a sort of instinct or custom, on the opposite side. The grounds of procedure on these occasions were probably not always well considered by the actors; at all events, by both bench and bar they were thought not wholly free from suspicion. The confidence of lawyers in medical testimony was thus severely shaken; and the estimation in which medicine had been previously held received a blow from which it has not even yet recovered. But unjustly. For, while the fault was that of a few, not of the many, and still less of medicine itself, nevertheless the obloquy, which might have been rightfully visited on those who erred, fell not upon them, but was extended to our profession at large by a hasty and undiscerning generalization; and those who might have cured the evil by a little judicial discipline, preferred to censure medical evidence in the abstract, and to moralize over the uncertainty of physic and the discordances among physicians.

But in truth the fundamental cause of such misadventures, and of the present imperfections in medical testimony, as well as in the practice of our law courts respecting it, lies deeper and elsewhere than would seem to have been generally imagined. No branch of medical jurisprudence has been so little studied systematically by either lawyers or medical men as the most essential of all for its healthy development—namely, that which relates to the principles and practice of medical evidence. Lawyers have taken but little pains to penetrate into the intimate structure of medical evidence. No adequate attempt has been made by them to instruct medical experts and medical witnesses in their medico-legal duties. Nor, on the other hand, has any competent authority in physic labored hitherto with success to throw light on the medical side of the subject.

Most of the standard legal authorities on the law of evidence barely touch upon that part of it which rests on medical science. They do so, some more and others less particularly, in order to mention the practice of law courts in receiving medical evidence; but no one has attempted a critical analysis of it, which certainly seems surprising, if we consider either the vast importance of such evidence in the majority of cases in which it is called for, or the frequent complaints of these writers as to its imperfections.

In Baron Hume's work on crimes, where he treats of the proof in criminal proceedings, no notice is taken at all of the duties or evidence of the medical witness. Burnett, in his work on criminal law, may or may not have had it in view, when he says in a single line, that "witnesses must in general speak to facts, and not to opinions either of their own or of others" (p. 609). Phillipps, an esteemed author on the special subject of evidence, merely observes that, as a witness should speak to facts only, his opinion is in general not evidence; but that on

questions of science or trade persons of skill are allowed to give both facts and opinions; and that medical persons may thus give their opinions on facts stated by others, as well as those observed by themselves (i. 288). In Glassford's "Principles of Evidence," the sum of his statements on medical testimony amounts almost exactly to what has been stated by Phillipps; but there are also little detached passages throughout his book which show, that he had penetrated into its nature and peculiarities further than most other authors on this subject, and which raise a regret that he had not investigated its structure more expressly. Tait, copying the statement of Phillipps, adds the lamentation, that "it is found by experience that scientific men often differ in opinion, and that their testimony is often very uncertain"; but he makes no attempt to discover why it is so. Starkey, an English author of high estimation, remarks more precisely than his precursors, that "the testimony of medical men is constantly admitted with respect to the cause of disease or of death, * * * and the general state of the mind of the patient, as collected from a number of circumstances"; and that "such opinions are admissible in evidence, although the professional witnesses found them entirely on the facts, circumstances and symptoms established in evidence by others, and without being personally acquainted with the facts" (i. 154). Peake, developing somewhat the latter observation, says, "that a physician, who has not seen a particular patient, may, after hearing the evidence of others, be called to prove on his oath the general effect of the disease described by them, and its probable consequence in the particular case (P. 195). Chitty, in his work on medical jurisprudence, goes no further in his exposition; but seems to doubt the admissibility of such evidence in one extensive field of practice, viz., in questions of lunacy (P. 359). Greenleaf, a recent American authority, of great reputation both in the United States and in this country, simply transcribes the observations of Starkey. Mr. Alison, in his "Practice of the Criminal Law of Scotland," has gone more minutely, as will be seen hereafter, into the practice of Scotch courts relative to the management of medical evidence; and, resting apparently on his extensive opportunities of observation while he was an advocate-depute in the criminal courts, he gives a more precise shape to the disparaging opinion of Mr. Tait, and complains "that medical men, even of character and information," should have been found by experience to be "generally so prone to contradict one another, and to adhere to the side on which they are cited" (P. 545). I must here again be allowed to express my regret, that one who has written so much and so well on the practice in regard to medical evidence, should not have been led to investigate its principles, and that he should have wound up his statement with a severe, though not unmerited censure, without being tempted to inquire, by an analysis of medical evidence, into the source of defects which must have struck him so forcibly. Lastly, Professor Ames, of University College, in his lectures published in the "London Medical Gazette," for 1830–31, has learnedly expounded the English practice as to the reception of medical evidence, and laid down many excellent practical rules for the conduct of medical men in their medico-legal capacity;

but, like Mr. Alison, he has not made any attempt to analyze medical evidence; while, like him, too, he proclaims it as "a great reproach to the medical profession that, on the occasion of celebrated trials, the medical witnesses on one side and the other have contradicted each other in such a point-blank manner in their opinions delivered on oath." (*Medical Gazette*, vii., 613.)

Can nothing, then, be done to remove the opprobrium thus fixed upon our profession and the sciences we cultivate? I am not vain enough to suppose that I can accomplish this. But it may at all events contribute something to so desirable an end, that we shall all see clearly what there is in the constitution of medical evidence, as well as in the practice of law courts, which leads to the uncertainties and contradictions thus so generally complained of by lawyers.

We turn in vain for this information to the medico-legal writings of members of our own profession. For, if legal writers on evidence have dropped the subject at the confines of medicine, as little have medical authors taken it up there. In the "Treatise" of Dr. Paris and Mr. Fonblanque, the remarks made on the law of evidence have only a general application, and do not bear on the specialties of medical evidence. The elaborate "Elements" of Dr. Beck are scarcely less meagre on the subject. In the more recent "Manual" of Mr. Taylor, the general topic of medical evidence has been omitted altogether. In 1824, however, a separate volume was published expressly on this theme by Dr. Gordon Smith, afterwards for a short time professor of medical jurisprudence in University College, London. But with much literary research, sundry judicious suggestions as to the rules of evidence observed in courts of law, and some sound advice to medical witnesses, this rather bulky work fails nevertheless in developing the principles and structure of medical evidence, and wants that practical character, which its learned author would undoubtedly have given to it, had he been more engaged than he actually was in the practice of medical jurisprudence.

It is possible that these writers, in thus passing by the intimate nature or structure of medical evidence, did so because they regarded it as too elementary and self-evident to require notice from them. But if this be the explanation of their silence, they have been in error. Not indeed that anything very new or recondite can be said on the subject. On the contrary, it will be, I trust, no slight test of the truth of the succeeding statements, that they will appear, to every well-informed member of the medical profession, as propositions which either actually have or ought to have suggested themselves before to his mind. But I apprehend, nevertheless, that they have been both too little studied, and too lightly weighed, otherwise it is difficult to account for the continuing imperfections of medical evidence, or for the prejudices which have in recent times prevailed against it.

[To be continued.]

SANITARY REFORM AND VITAL STATISTICS IN LOUISIANA.

[A MEMORIAL to the Legislature of the State of Louisiana, from the Medical Society of that State and the Physo-Medical Society of New Orleans, on the subject of the registration of births, marriages and deaths, is ably drawn up by Dr. Simonds, and is published in the New Orleans Medical and Surgical Journal. We take from it the following quotations, which will be read with interest.—ED.]

Within the last thirty years the subject of sanitary reform has become one of the prominent questions of the day, especially in England and some of the northern States. The attempt to improve the health of any locality, or of any particular class of persons, must be preceded by investigations more or less accurate, into the prevalent kinds of disease and causes of death; for thus only can proper direction be given to efforts for the removal of those causes. Sanitary reform, based, as it must be, upon vital statistics, has therefore attracted to the latter a degree of attention not previously bestowed upon it. The vital statistics of a country cannot be developed by private records or investigations; nor by investigations instituted at long intervals, as at the periodical taking of a census. The only means by which the facts can be rendered available is, by their record at the date of the occurrence of the events; for thus only can accurate and reliable data be obtained. A system of registration by collecting the necessary facts, becomes available for the determination of the true sanitary condition of different localities, and may be used to direct efforts for its improvement in the most effectual manner.

No region of country has a worse reputation abroad for salubrity than the Delta of the Mississippi, and no city in the civilized world is elsewhere considered more insalubrious than the city of New Orleans. The want of information—the failure to furnish accurate statistics of our actual mortality, and the injudicious efforts to palliate the apparent mortality by deducting a portion of the deaths, or adding to the census population—by leaving a degree of uncertainty upon the subject, has served to exaggerate the idea of its insalubrity. The vague, undefined, and misty idea presented by a large number of deaths (which cannot be denied), with insufficient precision as to their causes and place of origin, has presented itself to the minds of those who have never visited our region, as a phantom of death; and it has been, and is even yet, considered almost an act of self-immolation to venture here. It is generally thought that one might as well be bitten by a venomous reptile, or attempt to repose under the shade of the upas tree, as to venture here, where may, nevertheless, be found a large, flourishing and healthy population. This is due to the fact, that for years the health of the city and country has been estimated by the statistics of the Charity Hospital, the only figures ever published to the world—which *judges by figures and not by assertions.* For the last five years only, have sufficiently authentic, accurate, and continuous records been preserved in New Orleans, to make reliable calculations as to its sanitary condition. These data show, that including the great epidemic yellow fever of 1847—

the ravages of cholera, and in fact every death that has been recorded —those dying immediately on their arrival here from foreign ports, and from the upper country, the mortality is (without attempting to make any abatement) only 6.728 per cent.* Will this prevent any person from coming to New Orleans? On the contrary, will it not dispel that shadowy mistiness which exaggerates into a giant, proportions not far exceeding the natural? Will it not reduce greatly the ideas entertained of the pestiferous character of New Orleans? Will it not, therefore, encourage immigration? There is no doubt that it will, and that a proper system of registration would prove, that many of these deaths are not attributable to endemic influences, but to a variety of causes, which, though existing elsewhere, to some extent, are here manifested with a greater degree of intensity.

Whatever may be the degree of mortality here, whether it be great or small, the important question that must present itself to every mind is, can this mortality be reduced, can the number of deaths be diminished? That they may be, scarcely admits of doubt; but how can proper measures for this reduction be proposed, until its causes are known? and how can these be discovered but by an accurate registration and a thorough analysis of the data furnished thereby? If a system of registration contributes to this end, it is a public benefit; for population is the wealth of a State: without population, the richest mines, the most fertile soil, the most unbounded manufacturing and commercial capacities, must remain barren and unprofitable.

That the vital statistics of each different locality must be examined for itself, may be shown by the results of some of the most celebrated Tables of Mortality.

Of 100,000 aged	25	and	65
there survives at age of	65	and	80
according to—			
Dr. Price, Northampton,	34.286		28.738
" Sweden,	43.137		23.704
De Parcieux, Tontines,	51.053		29.873
Milne, Carlisle,	51.335		31.577
G. Davies, Equitable,	49.330		37.267
Finlayson, 1825, Govt. Ann.	53.470		38.655
" 1827, "	53.950		37.355

If such discrepancies exist in the same region of the globe, with the same general character of populations, similarly circumstanced, we surely cannot, from all the facts heretofore collected elsewhere, predicate any thing concerning the vital force in a State situated as is this, differing in all the elements of vital statistics.

Hitherto so little attention has been paid to the collection and preservation of data pertaining to vital statistics, that it is almost impossible to present any facts, from our own history, to show their importance and value. The following—the best that can be obtained—

* This calculation includes deaths in 1851, viz.: five and one third years from September 1st, 1846, to December 31st, 1851.

are only intended to show that important truths might be deduced from such materials, if they possessed sufficiency of accuracy and minuteness of detail.

In 1818, the number of deaths in New Orleans was 1,185; in 1851, the number had increased sixfold, being 7,275, while the population had only increased threefold.

In 1830, the population of New Orleans was 49,826; in 1850, it amounted (with Lafayette) to 129,757: the mean number of annual admissions to the Charity Hospital for the years 1828–'29–'30–'31–'32, was 2,736; while for the years 1849–'50–'51, it was 17,451. In 1830, the admissions amounted to nearly five and a half per cent. of the population; and in 1850, it had increased to nearly thirteen and a half per cent.

Of the total admissions, females constituted 6.17 per cent. from 1832 to '38—12.95 per cent. from 1839 to '45; and 21.81 per cent. from 1846 to 1851.

These facts are sufficiently remarkable to at least suggest an inquiry into their causes.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MARCH 31, 1852.

Spiritual Rappings.—A respectable correspondent has addressed us on this popular delusion, in a manner to lead to the supposition that he advocates its investigation. It is his deliberate opinion that the phenomena are not produced by supernatural means. In this we perfectly coincide with him; and when a little more ground is embraced, he too will settle down in the firm conviction that the whole thing, from beginning to end, is quite beneath the consideration of any man who has capacity for higher contemplations. What is gained for science or the domain of common sense, by perpetually intimating that *there may be something in it?* It is an easy way of disposing of matters that appear to be beyond ordinary reach, while it implies that the individual who utters these sage words, has something in reserve more than he chooses to divulge. It is more manly to come out boldly, as Dr. Taylor did, in a late number of the Journal, state facts, if there are any, and philosophize afterwards. Instead of this, suggestions are made that it is better to wait awhile before condemning what may be true, and then come inuendoes that betray a defective judgment, instead of a bold, straightforward course, indicating a spirited determination to wage an uncompromising warfare against impositions.

We are frequently asked why gentlemen of distinguished attainments do not take the matter in hand, and settle the question of the rappings—proving either that they are something beyond the scope of scientific explanation, or mere imposture. But, as there are no limits to the vagaries of a distempered imagination, such individuals very prudently refuse to belittle themselves in researches so very absurd.

All the isms of this extraordinary age have been advocated by persons who are the least qualified to detect frauds. Their impressibility and

ductility are the life-blood of all the different humbugs, that succeed each other with a rapidity as surprising as the gullibility of thousands who consider themselves wise.

In order that our readers may know something of what is thought of this matter abroad, we copy the following remarks from the last number of the Western (Louisville) Medical Journal.

"The northern humbug has taken another shape, and 'spiritual rappings' are about to be superseded by 'spiritual writings.' The excitement growing out of this new phase of the superstition is leading, as might be foreseen, to the most deplorable consequences. Many of the victims of the delusion are said to have been driven mad. These 'spiritual writers,' who are very numerous and rapidly increasing in some of the northern States, profess to be able to communicate directly and familiarly with the spirits of the departed, and even with the Supreme Being himself; and, strange as it appears to us, there are multitudes who are duped by the monstrous imposition. The writers, in many cases, are evidently self-deluded. Under the influence of a species of hysteria, their hands execute movements which their wills seem hardly to dictate, and words which are in their minds are written apparently without a voluntary effort. The thing seems to them miraculous; they are confounded; reason and common sense are surrendered, and they give themselves over to the wildest extravagances.

"We have many analogies for the phenomena in the history of medical superstitions, to which it may be worth while to refer on a future occasion."

Dr. Meigs's Charge to Medical Graduates.—At the termination of the Jefferson (Philadelphia) Medical College lectures, Dr. Meigs gave a parting charge to the graduates. In it he congratulates them on the successful close of their studies at the institution, and offers expressions of regard, and interest in their future progress. They are reminded that the faculty have exerted themselves to advance those under their guidance in knowledge; and when scattered abroad over the world, it would be pleasant and grateful to recollect those who had labored for their profit. Dr. Meigs has a pleasant manner of telling those who were listening to him, that there is still something more to learn. Their conscientious discharge of professional duties would enhance their own individual happiness, and also increase the happiness of the circle in which they may move. There is no country, as Dr. M. says, where people wholly dispense with physicians; but he might have added that there are many in which they are shamefully neglected. With a glowing encomium upon the value of an educated physician, Dr. Meigs offers encouragement to such as have faithfully labored to fit themselves for the position they covet. If all could triumph as he has, and succeed in making the unwilling, hard-hearted world acknowledge the claims of genius, industry and learning, what bright hopes might not be indulged! No attempt, in this address, is made at brilliancy, or any thing beyond a sensible parting discourse, in which the professor succeeded admirably, as he always does. We do not wonder the hearers asked it for the press, and it was creditable to them to give a permanent form to the sentiments it inculcates.

Popular Anatomy.—A set of the large charts prepared for common schools and seminaries, by Dr. T. S. Lambert, has been examined.

They bear a close inspection, and are entitled to the consideration of medical students. It was never intended by Dr. Lambert to do more than put in circulation accurate drawings, from the very best sources, enlarged and distinctly colored, with a view to enlighten the understanding of young persons who were not particularly set apart for surgeons and physicians. Upon the presumption that human anatomy, like the elements of physiology, is a necessary branch under the improved system of common school education, his object has been to make a hard subject easy, and teachers give him the credit of having succeeded. A set is made up of six plates, copied from the best French authorities; but of course they are not sold at the price of the originals. The distinct exhibition of the muscles, the truthful coloring, and the general finish, are in a style of art that shows what progress is making, in New England, in this line of business. One of the series is exclusively devoted to the anatomy of the eye, greatly magnified—which alone is worth, to a medical student, the cost of the whole six.

National Reward for Discovery.—From various sources, it comes to the public that a Committee of Congress have reported in favor of giving Dr. Morton, of Boston, one hundred thousand dollars, for the discovery of etherization. Dr. C. T. Jackson is at Washington, and, with his friends, is making efforts to counteract this extraordinary action. A minority report will unquestionably appear, in which reasons of a cogent character will be given why no such great boon should be conferred. This revivification of the old worn-out controversy of who first made the discovery, has brought out the friends of the late Dr. Wells, of Hartford, Conn. They show, quite clearly enough to come in for a share of the money, that Dr. Wells was the man entitled to the honor of discovery—and that neither Dr. Jackson nor Dr. Morton would have known any thing of the matter, had it not been for that gentleman. A column of argument and facts appears in the Hartford Times, which, had it been placed before the Committee, would perhaps have affected the tenor of their report. There have been, from the beginning, two parties here in Boston, where the great discovery was first promulgated—siding with one or the other of the two individuals first named—nor will any decision of Congress probably change the opinions of either.

With regard to the probable prospect as to the use hereafter of anæsthetic agents in surgery, it may be confidently predicted that in all great operations surgeons will continue to avail themselves of this means of lessening the sufferings of patients. Yet very many operators have refused to introduce it into practice. It is even represented that the current of public sentiment is hostile to the free use which is made of it by its warmest advocates. Of this, however, the profession may form different opinions; but they will not disagree on one point, viz., that one hundred thousand dollars is a large amount for the pocket of the one who gets it.

Microscopical Researches.—Professional gentlemen, visiting Boston, would unquestionably be gratified by an examination of the beautiful microscopical preparations which Dr. Durkee, of this city, has prepared. We have had nothing more delicate from Europe, than he brings before his friends. Some of the tissues, longitudinal sections of the teeth, the extraordinary structure of the nerves, the minute exhibition of the

membranes in different parts of the eye, &c., are both marvellous and instructive. Strange that this beautiful instrument is not more generally in the hands of medical inquirers.

Dr. Manning's Case.—The case alluded to in another part of the Journal to-day, is one calculated to awaken the sympathy of every member of the profession. Dr. Manning is a deserving physician, and has been obliged to bear a heavy burden; and as it has been borne, in part, in behalf of the profession generally, it is hoped that they will generously uphold and cheer him so far as it is in their power to do it.

Medical Miscellany.—Most of the recent cases of insanity admitted into the lunatic asylum, Western New York, were produced by the spirit-rapping mania.—The public health appears to be unusually good throughout the north at this particular time.—Dr. Swett's new work on diseases of the chest is meeting with excellent success.—Dr. Gross's last production is pronounced very valuable. The more it is studied, the better it is liked.—Beautiful artificial limbs, surgical apparatus, and the best of chemicals, are manufactured in Boston.—A new plan of setting artificial teeth in a gum that hardens, has not yet been introduced here, although spoken of with commendation in some of the Dental Journals.—Yellow fever was abating at Pernambuco, by the latest advices.—The city of Lowell bill of mortality is methodically drawn up, without any unnecessary words; total deaths last year, 629. Consumption is prominent, as usual, in the catalogue of fatal diseases.—The Saratoga Empire Spring water continues to be in active demand. There can be no question in regard to its excellent properties.—A spring course of medical lectures will commence at the Starling Medical College, Columbus, Ohio, March 24th; price, $25.—Dr. Hooker's admirable work on Homœopathy, may be had of C. Scribner, 145 Nassau street, New York, by ordering it through the mail, sending fifty cents, in letter stamps, in payment; or a one dollar bill, and two copies will be returned, free of postage.

NOTICE.—Fellows of the Massachusetts Medical Society, living in Boston (South and East included), who have not joined the Boston Medical Association, are urgently requested to become members, previous to the next Annual Meeting in May.

No. 28 Harrison Avenue. Office hours, from 1½ to 4 o'clock.

By vote of the Association. E. W. BLAKE, *Secretary.*

Boston, March 29, 1852. 2t

MARRIED,—At Northfield, N. H., Jan. 27th, Dr. L. C. Bean to Miss Susan Gerrish.—Seth Williams, M.D., of Freetown, Mass., to Mrs. H. Pratt.

DIED,—At New London, Conn., Dr. Isaac Thompson.—At St. Clair, Michigan, R. Chamberlain, M.D., 75, a native of Massachusetts.

Deaths in Boston—for the week ending Saturday noon, March 27th, 71.—Males, 35—females, 36. Anemia, 1—inflammation of brain, 1—consumption, 19—convulsions, 3—dysentery, 1—dropsy, 1—dropsy of brain, 5—drowned, 2—exhaustion, 1—typhus fever, 2—typhoid fever, 1—scarlet fever, 5—hooping cough, 3—hemorrhage, 1—disease of heart, 2—intemperance, 2—infantile, 7—inflammation of lungs, 5—marasmus, 2—old age, 1—palsy, 2—teething, 2—thrush, 1—unknown, 1.

Under 5 years, 31—between 5 and 20 years, 5—between 20 and 40 years, 19—between 40 and 60 years, 13—over 60 years, 3. Americans, 29; foreigners and children of foreigners, 42. The above includes 7 deaths at the City institutions.

Annual Commencement of the Baltimore College of Dental Surgery.—The annual commencement for conferring the degree of Doctor of Dental Surgery upon the graduates of this institution was held last week in the hall of the college building in Lexington street. The occasion drew together a very large assemblage—about half of which was composed of ladies—to witness the ceremonies attendant upon the conferring of the degrees. At the appointed time for commencement, the Rev. Dr. Nadel opened with prayer, after which W. R. Handy, Dean of the Institute, read a list of the graduates, which were as follows: Thos. D. Simonton, of Penn.; Adelbert J. Volck, Germany; Henry Stevens, Conn.; Francis E. Cloutier, La.; John A. Cobbs, Va.; Richard F. Finch, Va.; P. Henry McCargo, Va.; Albert A. Cleaveland, Md.; Warren Walsh, Md.; Thos. E. Chapin, Mass.; Stanhope A. Sudderth, N. C.; George Mears, Penn.

The diplomas were then bestowed upon them by the provost, Dr. Eleazer Parmly, of New York. During the ceremony a large number of bouquets of beautiful flowers were thrown to the graduates, a number of them propelled by the fair hands of the ladies. The address for the occasion was then delivered by Dr. Parmly, and was an able and eloquent production, worthy of the talented Doctor. The address embraced a defence of the Baltimore College of Dental Surgery against attacks made upon it and upon institutions of a similar character. He advocated the establishment of dental professorships in all medical colleges, though he still contended that so good an education in this particular branch could not be obtained except in a college like that whose commencement they were now attending.

At the conclusion of his address the band performed another piece of music, which was succeeded by the valedictory address of Dr. Robert Arthur, of Washington City. Dr. Arthur was the first graduate of this college, and received his diploma ten years ago. His address was replete with good advice, much of what was spoken having been derived from his own experience. And if the gentlemen to whom he spoke pay attention to it, it cannot but enure to their benefit.

At the conclusion of the address the benediction was pronounced by Rev. Mr. Nadal, and the audience departed well pleased with the proceedings of the evening.

Health of St. Louis.—It is with much pleasure that we again pronounce upon the continued health of the city of St. Louis. It is impossible to bring to mind for many years such a condition, more equable, more uninterrupted. Our mortuary statistics have fallen as low, during the month of January, as 33 for the week; and notwithstanding the influx, constant and augmenting, of emigrants to our midst, bringing with them the seeds of fevers, which in some few burst forth with fatal energy, we find that St. Louis, however much she may have suffered during one epidemic, will bear no unfavorable comparison with any other city in relation to her sanitary condition.—*St. Louis Med. and Surg. Journal.*

Egyptian Museum.—The museum of Dr. Abbot, of Cairo, consisting of the rarest and most curious specimens of ancient Egyptian art and life, and which is well known to every traveller in Egypt, has been shipped at Alexandria for the United States.